

Title I, Part B, Subpart 3 Even Start
FINANCIAL STATUS REPORT (Claim Form)

LEA NAME	_____	REPORTING PERIOD	_____
ADDRESS	_____	FISCAL YEAR	_____
	_____	BUDGET NUMBER	_____

	(A) APPROVED BUDGET	(B) PREVIOUSLY CLAIMED EXPENDITURES	(C) CURRENTLY CLAIMED EXPENDITURES	(D) TOTAL CLAIMED EXPENDITURES	(E) BUDGET BALANCE
[1] SALARIES					
EMPLOYEE					
[2] BENEFITS					
PURCHASED					
[3] SERVICES					
SUPPLIES &					
[4] MATERIALS					
SUBTOTAL					
[5] SUBTOTAL					
[6] INDIRECT COSTS					
CAPITAL					
[7] ACQUISITIONS					
GRAND					
[8] TOTAL					

[9] INDIRECT COST RATE: _____ (Enter restrictive rate approved by DECA)

[10] FUNDS RECEIVED OR REQUESTED PRIOR TO
THIS REPORT (FROM LINE 13 PREVIOUS CLAIM) \$ _____

[11] TOTAL CLAIMED EXPENDITURES (COLUMN D) \$ _____

[12] FUNDS REQUESTED THIS PERIOD
(LINE 11 MINUS LINE 10)
Should equal column C, line 8 and total under lin \$ _____

[13] TOTAL FUNDS REQUESTED OR RECEIVED THRU
THIS REPORT PERIOD (LINE 10 PLUS LINE 12) \$ _____

[14] OBLIGATIONS PAID AFTER JUNE 30TH \$ _____

I DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THIS CLAIM HAS BEEN
EXAMINED BY ME, AND TO THE BEST OF MY KNOWLEDGE AND BELIEF IS IN ALL THINGS
TRUE AND CORRECT.

SIGNATURE OF DESIGNATED SCHOOL OFFICIAL/TITLE	PHONE NUMBER	DATE
	For Office Use Only: Payment entered: _____ Date _____	